

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>m G</i>		<i>6/16/00</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>6-22-00</i>
<b>FORMALITY REVIEW</b>	<i>SAY</i>	<i>827</i>	<i>08-01-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓		<i>6/16/00</i>
2	✓		
3	✓		
4	✓		
5	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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